



# Arizona Early Intervention Program

## AzEIP Technical Assistance Bulletin # 6

### Ensuring Accurate Completion of the Support and Services Page of the IFSP

#### **I. Overview**

Early intervention services are provided to support the child's participation in the family's daily routine and activities. Natural learning opportunities occur throughout a child's day and, therefore, supports and services should be developed to support these naturally occurring activities. Services provided are designed to support the functional outcomes within activity settings that are meaningful to the family. The family's IFSP team decides which supports and services are needed to make progress toward the desired child and family outcomes. Federal Regulation defines Early Intervention services as "services designed to meet the developmental needs of each child eligible and the needs of the family, related to enhancing the child's development." 34 C.F.R. §303.12.

#### **II. Responsibilities**

##### **Service Coordination**

The service coordinator is responsible for obtaining the services identified on the IFSP in a timely manner. See 34 C.F.R. §303.23. Therefore, the service coordinator must ensure services are accessed and initiated on or before the "planned start date" as noted on the IFSP. Service coordinators obtain services through their agencies' network of providers, which can include employees or contractors and the family's health plan.

A service coordinator is required to:

- (a) Facilitate the identification of service providers according to the IFSP;
- (b) Ensure that each service begins in a timely manner; and
- (c) Track and document in the child's record when each service began.

Follow-up with service providers and the family, as well as written documentation, is critical to ensuring that the services are provided in accordance with the IFSP Planned Start Date.

##### **Service Provider**

An AzEIP service provider is a physical therapist, occupational therapist, developmental specialist, speech-language pathologist, or another individual with developmental expertise who is a member of a family's IFSP team and supports the family and other caregivers in attaining IFSP outcomes related to maximizing a child's engagement, independence, and success in everyday activities and relationships. The service provider is responsible for providing the identified service that relates to the functional outcomes on the IFSP and providing documentation to the service coordinator on progress made toward those outcomes.

### **III. Required Components of the Supports and Services Page of the IFSP**

#### **Supports and Services**

List specific early intervention services as identified by the IFSP team. Services provided must be one of the 17 services identified in federal law as early intervention services. See Section IV. Each service must be individualized to the family's resources, priorities, and concerns and linked to an outcome.

#### **Who will do this?**

List the people involved in the provision of the service. This may be an early intervention service provider or a person who was identified as a resource for the family.

#### **Frequency and Duration**

The IFSP team decides how often and for how long a service will be provided based on the desired outcome of the family. This is a specific description of how the service will be provided and phrases such as "ongoing" or "as needed" should not be used.

#### **Activity Setting**

Activity settings are based on the family's identified routines and the strategies for achieving the outcome. The setting could be a place, such as childcare or a time during the day where specific activities occur, such as dinner time. Services should support and enhance these naturally occurring parts of the day.

#### **Payor**

List the agency or funding source that will be responsible for paying for the early intervention service. Some examples are Blue Cross/Blue Shield, AHCCCS, AzeIP, and/or DDD.

#### **Planned Start Date**

The IFSP team determines the month/date/year that each support and service is expected to begin. ASAP is not a date. Instead, the team should discuss when the service is expected to start, with the knowledge that the service may start earlier or later with the appropriate discussion and agreement from the family. The IFSP team determines the planned start date for each service to reflect the priorities of the family and their need for support in attaining the identified IFSP outcomes, as well as the roles of each team member in supporting each other and the family. As a result, planned start dates should be different for each service. When determining a planned start date for a continuing/ongoing service, ask the family or provider when the next scheduled visit is and write this on the IFSP.

#### **Actual Start Date/Actual End Date**

The service coordinator is responsible for obtaining the start and end date from the service provider and documenting it in the child's record. The documentation of the start date could be from the "**Early Intervention Service Request and Start Date Notification**" form or the "**Early Intervention Start Date Notification**" form. The actual end date of the service is recorded on the IFSP. This will be documented on the signature page of the IFSP.

#### **Planned End Date**

The IFSP team determines the month/date/year that each support and service is expected to end and records it in the "Planned End Date" column. The end date cannot exceed 12 months from the date of the IFSP. If the child turns three within the next 12-month period, the end date may be no later than the day prior to the child's third birthday.

#### **Other Related Services**

To the extent appropriate, the IFSP must include other services that are (1) in place, and/or (2) needed, but which are not required or covered under Part C (e.g., WIC, Early Head Start, the need for health insurance, etc.). Listing the non-required service does not mean that those services must be provided; however, the service coordinator is responsible for assisting the family to locate the services in which the family is interested. Identifying these services can help the family and service providers to have a comprehensive picture of the child and family's needs. Review the Family Resources, Priorities, Concerns, and Interests page and identify the resources that the family has said they currently have or are interested in receiving. ASDB is an AzeIP service providing agency and should be listed in the top portion of this page.

#### **IV. Related Legal Requirements: IDEA, Part C**

##### **A. 34 CFR §303.344 Content of an IFSP**

...

(d) Early intervention services. (1) The IFSP must include a statement of the specific early intervention services necessary to meet the unique needs of the child and the family to achieve the outcomes identified in paragraph (c) of this section, including—

(i) The frequency, intensity, and method of delivering the services;

(ii) The natural environments, as described in §303.12(b) and § 303.18 in which early intervention services will be provided, and a justification of the extent, if any, to which the services will not be provided in a natural environment;

(iii) The location of the services; and

(iv) The payment arrangements, if any.

(2) As used in paragraph (d)(1)(i) of this section—

(i) *Frequency* and *intensity* mean the number of days or sessions that a service will be provided, the length of time the service is provided during each session, and whether the service is provided on an individual or group basis; and

(ii) *Method* means how a service is provided.

(3) As used in paragraph (d)(1)(iii) of this section, *location* means the actual place or places where a service will be provided.

(e) *Other services*. (1) To the extent appropriate, the IFSP must include--

(i) Medical and other services that the child needs, but that are not required under this part; and

(ii) The funding sources to be used in paying for those services or the steps that will be taken to secure those services through public or private sources.

(2) The requirement in paragraph (e)(1) of this section does not apply to routine medical services (e.g., immunizations and “well-baby” care), unless a child needs those services and the services are not otherwise available or being provided.

(f) *Dates; duration of services*. The IFSP must include—

(1) The projected dates for initiation of the services in paragraph (d)(1) of this section as soon as possible after the IFSP meetings described in Sec. 303.342; and

(2) The anticipated duration of those services.

**B. 34 C.F.R. §303.12 Early intervention services – The following are types of services included under “early intervention services” and the definition of those services:**

(1) *Assistive technology device* means any item, piece of equipment, or product system, whether acquired commercially off the shelf, modified, or customized, that is used to increase, maintain, or improve the functional capabilities of children with disabilities. *Assistive technology service* means the service that directly assists a child with a disability in the selection, acquisition, or use of an assistive technology device. Assistive Technology services include-

- (i) The evaluation of the needs of a child with a disability, including a functional evaluation of the child in the child’s customary environment;
- (ii) Purchasing, leasing, or otherwise providing for the acquisition of assistive technology devices by children with disabilities;
- (iii) Selecting, designing, fitting, customizing, adapting, applying, maintaining, repairing, or replacing assistive technology devices;
- (iv) Coordinating and using other therapies, interventions, or services with assistive technology devices, such as those associated with existing education and rehabilitation plans and programs;
- (v) Training or technical assistance for a child with disabilities or, if appropriate, that child’s family; and
- (vi) Training or technical assistance for professionals (including individuals providing early intervention services) or other individuals who provide services to or are otherwise substantially involved in the major life functions of individuals with disabilities.

(2) *Audiology* includes-

- (i) Identification of children with auditory impairment, using at risk criteria and appropriate audiologic screening techniques;
- (ii) Determination of the range, nature, and degree of hearing loss and communication functions, by use of audiological evaluation procedures;
- (iii) Referral for medical and other services necessary for the habilitation or rehabilitation of children with auditory impairment;
- (iv) Provision of auditory training, aural rehabilitation, speech reading and listening device orientation and training, and other services;
- (v) Provision of services for prevention of hearing loss; and
- (vi) Determination of the child’s need for individual amplification, including selecting, fitting, and dispensing appropriate listening and vibrotactile devices, and evaluating the effectiveness of those devices.

(3) *Family training, counseling, and home visits* means services provided, as appropriate, by social workers, psychologists, and other qualified personnel to assist the family of a child eligible under this part in understanding the special needs of the child and enhancing the child’s development.

(4) *Health services* (only those services necessary to enable a child to benefit from other early intervention services and as fully described in 303.13)

(5) *Medical services only for diagnostic or other evaluation purposes* means services provided by a licensed physician to determine a child’s developmental status and need for early intervention services.

(6) *Nursing services* includes-

- (i) The assessment of health status for the purpose of providing nursing care, including the identification of patterns of human response to actual or potential health problems;
- (ii) Provision of nursing care to prevent health problems, restore or improve functioning, and promote optimal health and development; and
- (iii) Administration of medications, treatments, and regimens prescribe by a licensed physician.

(7) *Nutrition services* includes-

- (i) Conducting individual assessments in-
  - a. Nutritional history and dietary intake;
  - b. Anthropometric, biochemical, and clinical variables;
  - c. Feeding skills and feeding problems; and
  - d. Food habits and food preferences;
- (ii) Developing and monitoring appropriate plans to address the nutritional needs of children eligible under this part, based on the findings in paragraph (d)(7)(i) of this section; and
- (iii) Making referrals to appropriate community resources to carry out nutrition goals.

(8) *Occupational therapy* includes services to address the functional needs of a child related to adaptive behavior and play, and sensory, motor, and postural development. These services are designed to improve the child's functional ability to perform tasks in home, schools, and community settings, and include-

- (i) Identification, assessment, and intervention;
- (ii) Adoption of the environment, and selection, design, and fabrication of assistive and orthotic devices to facilitate development and promote the acquisition of functional skills; and
- (iii) Prevention or minimization of the impact of initial or future impairment, delay in development, or loss of functional ability.

(9) *Physical therapy* includes services to address the promotion of sensorimotor function through enhancement of musculoskeletal status, neurobehavioral organization, perceptual and motor development, cardiopulmonary status, and effective environmental adaptation. These services include-

- (i) Screening, evaluation, and assessment of infants and toddlers to identify movement dysfunction;
- (ii) Obtaining, interpreting, and integrating information appropriate to program planning to prevent, alleviate, or compensate for movement dysfunction and related functional problems; and
- (iii) Providing individual and group services or treatment to prevent, alleviate, or compensate for movement dysfunction and related functional problems.

10) *Psychological services* includes-

- (i) Administering psychological and developmental tests and other assessment procedures;
- (ii) Interpreting assessment results;
- (iii) Obtaining, integrating, and interpreting information about child behavior and child and family conditions related learning, mental health and development; and
- (iv) Planning and managing a program of psychological counseling for children and parents, family counseling, consultation on child development, parent training, and education programs.

(11) *Service coordination services* means assistance and services provided by a service coordinator to a child eligible under this part and the child's family that are in addition to the functions and activities included under § 303.23.

(12) *Social work services* includes-

- (i) Making home visits to evaluate a child's living conditions and patterns of parent-child interaction;
- (ii) Preparing a social or emotional developmental assessment of the child within the family context;
- (iii) Providing individual and family group counseling with parents and other family members, and appropriate social skill-building activities with the child and parents;
- (iv) Working with those problems in a child's and family's living situation (home, community, and any center where early intervention services are provided) that affect the child's maximum utilization of early intervention services; and
- (v) Identifying, mobilizing, and coordinating community resources and services to enable the child and family to receive maximum benefit from early intervention services; and

(13) *Special instruction* includes-

- (i) The design of learning environments and activities that promote the child's acquisition of skills in a variety of developmental areas, including cognitive processes and social interaction;
- (ii) Curriculum planning, including the planned interaction of personnel, materials, and time and space, that leads to achieving the outcomes in the child's individualized family service plan;
- (iii) Providing families with information, skills, and support related to enhancing the skill development of the child; and
- (iv) Working with the child to enhance the child's development.

(14) *Speech-language pathology* includes-

- (i) Identification of children with communicative or oropharyngeal disorders and delays in development of communication skills, including the diagnosis and appraisal in those skills;
- (ii) Referral for medical or other professional services necessary for the habilitation or rehabilitation of children with communicative or oropharyngeal disorders and delays in development of communication skills; and
- (iii) Provision of services for the habilitation, rehabilitation, or prevention of communicative or oropharyngeal disorders and delays in development of communication skills.

(15) *Transportation and related costs* includes the cost of travel (e.g., mileage, or travel by taxi, common carrier, or other means) and other costs (e.g., tolls and parking expenses) that are necessary to enable a child eligible under this part and the child's family to receive early intervention services.

(16) *Vision services* means-

- (i) Evaluation and assessment of visual functioning, including the diagnosis and appraisal of specific visual disorder, delays, and abilities;
- (ii) Referral for medical or other professional services necessary for the habilitation or rehabilitation of visual functioning disorders, or both; and
- (iii) Communication skills training for orientation and mobility training, for all environments, visual training, independent living skills training, and additional training necessary to activate visual motor abilities.

## Supports and Services Needed to Make Progress Toward Outcomes

Supports/Services <i>Each service and support must be linked to an outcome.</i>	Outcome #	Who will do this?	How often and how long each time? (Frequency)	In what activity setting will this take place?	Who will pay?	Planned Start Date	Actual Start Date	Planned End Date	Actual End Date
List the early intervention supports/ services determined by the IFSP team.	Indicate by number which outcome(s) will be addressed through each support or service. Service Coordination may be linked to all outcomes.	Write the name or the agency or person providing the support or service.  If not known, leave blank and fill in when known	Record the times per week, quarter, month, etc and number of minutes/hr per session (e.g. 2 x a month for 30 minutes each). THIS INCLUDES SC Do not use descriptors such as " up to 5 x a month" or "as needed", "ongoing", "evaluation" or "to be determined."	Refer to the Outcomes page, then list the activity settings or place agreed upon by the team for each support and service.	Specify funding sources, such as private insurance AHCCCS; ALTCS; CMDP; ASDB; DDD; and/or AzEIP.	The IFSP team determines the month/date/yr that each support and service is planned to begin. This date should not be prior to the date of the initial/ annual IFSP. This is based on need, not availability of provider. ASAP is not a date. The date of the IFSP as a start date should only be used if providers are in attendance at the IFSP.	Service Coordinator is responsible for recording the "Actual Start Date" for each support and service. SC needs to communicate with team members to get this information as soon as possible after the service has started and document on the IFSP.	The IFSP team determines the month/date/ yr that each support and service is expected to end The end date cannot exceed 12 months from the date of the IFSP. If the child turns three within the next 12-month period, the end date may be no later than the day prior to the child's third birthday.	Service Coordinator is responsible for recording the "Actual End Date" for each support and service.
Other Services Needed	<b>Steps Taken to Secure Service</b> The Service Coordinator is responsible for assisting the family to access services the family is interested in receiving.								
Other Services in Place	<b>Notes/Comments</b> To the extent appropriate, the IFSP must include other services that are (1) in place, and/or (2) needed, but which are not required or covered under Part C (e.g., WIC, Early Head Start, the need for health insurance, etc.). Listing the non-required service does not mean that those services must be provided. However, identifying these services can help the family and service providers to have a comprehensive picture of the child and family's needs. Review the Family Resources, Priorities and Interests page and identify the resources that the family has said they as currently have or are interested in.								

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Supports/Services <i>Each service and support must be linked to an outcome.</i>	Outcome #	Who will do this?	How often and how long each time? (Frequency)	In what activity setting will this take place?	Who will pay?	Planned Start Date	Actual Start Date	Planned End Date	Actual End Date
Service Coordination	All	Lilly Magnolia	1 hour 1x/month	In the home/over the phone	DDD	9/2/04	9/2/04	3/2/05	
Physical Therapy	1,2	Connie Stevens	3 visits in two months, one hour each visit	In the family's car; 1 visit with OT; Family's home or other activity	DDD	9/12/04	9/11/04	11/12/04	
Occupational Therapist	1	Shawn Pippis	4 one hour visits in one month; then  One visit per month, one hour each visit	Parents' house; grand-parents' house; church nursery	United Health Care	9/7/04  10/7/04	9/07/04  10/3/04	10/2/04  3/2/05	
Other Services Needed Connection to other families with children who have a feeding tube	Steps Taken to Secure Service Service coordinator will provide information (phone number; website; and materials) on Raising Special Kids and assist family with obtaining connection to families.								
Other Services in Place Home Health Nurse	Notes/Comments Dora Loveley has been Michael's nurse since his discharge from the hospital. She will continue until Michael is off oxygen.								